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CONFIRMATION NO. 2853

<b>SERIAL NUMBER</b> 10/747,691	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> P-4595-US2
<b>APPLICANTS</b> Mitchell S. Steiner, Germantown, TN; Sharan Raghov, Collierville, TN; Karen A. Veverka, Cordova, TN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/609,684 07/01/2003 which is a CIP of 10/305,363 11/27/2002 PAT 6,899,888 which claims benefit of 60/333,734 11/29/2001				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/27/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>10/50</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 49443				
<b>TITLE</b> Methods for treating hot flashes and gynecomastia				
<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	